

(Corrected copy)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107565385

FILING DATE

APPLICANT(S)

Pat. Amt.

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1	⑦	1	⑦		
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8		②		②		
9		②		②		
10		②		②		
11		②		②		
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TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	5	←		←		←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						